

<i>SERFF Tracking Number:</i>	<i>NGLI-125922300</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41003</i>
<i>Company Tracking Number:</i>	<i>NWLF2009</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>NWLF2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: NWLF2009

SERFF Tr Num: NGLI-125922300 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 41003

Sub-TOI: L07I.101 Fixed/Indeterminate

Co Tr Num: NWLF2009

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 12/05/2008

Date Submitted: 12/03/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/05/2008

State Status Changed: 12/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Guardian Life Insurance Company

NAIC # 66583 - FEIN# 39-0493780

2001 CSO Mortality Table Filing

Policy: NWLF2009

SERFF Tracking Number: NGLI-125922300 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41003
Company Tracking Number: NWLF2009
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: NWLF2009
Project Name/Number: /

To Whom It May Concern:

The purpose of this filing is to comply with the requirements of the 2001 CSO Mortality Tables which begins January 1, 2009.

This policy form is very limited in its use. Policy NWLF2009 is used primarily for conversions from term insurance policies. This policy may also be used for our company home office employees or board members to purchase whole life insurance. The form will replace form NWLF2004 which was approved by your department on February 2, 2004. The policy will not be illustrated. We have re-formatted the policy to improve readability.

Your consideration of this filing is greatly appreciated. We thank you in advance for your assistance.

Sincerely,
Kim A. Bolinder
Policy Forms Specialist
National Guardian Life Insurance Company
608-443-5335
kabolinder@nglic.com

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com
2 East Gilman Street (608) 443-5335 [Phone]
Madison, WI 53701 (608) 443-5365[FAX]

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5790[Phone]	FEIN Number: 39-0493780	

SERFF Tracking Number:	NGLI-125922300	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	NWLF2009		
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 FORM @ \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	12/03/2008	24304402

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/05/2008	12/05/2008

<i>SERFF Tracking Number:</i>	<i>NGLI-125922300</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/05/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	WHOLE LIFE POLICY		Yes

SERFF Tracking Number:	NGLI-125922300	State:	Arkansas
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Product Name:	NWLF2009		
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Form Schedule

Lead Form Number: NWLF2009

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NWLF2009	Policy/Cont	WHOLE LIFE	Initial		56	NWLF2009.p
		ract/Fratern	POLICY				df
		al					
		Certificate					



A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800.548.2962

WHOLE LIFE POLICY

AGREEMENT	<p>We agree, subject to the terms of this policy, to:</p> <ul style="list-style-type: none">• pay the proceeds to the Beneficiary upon receiving Proof of the Insured's death; and• provide You, the Owner, all the other rights and benefits of this policy. <p>For information or service on this policy, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this policy before midnight on the thirtieth (30th) day after You receive it. You can do this if You deliver, mail or wire written notice and return this policy to Us or Our agent. Our mailing address is P. O. Box 1191, Madison, WI 53701-1191. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We will send back all payments within ten (10) days after Notice to Us and the returned policy. The policy will then be deemed void from its inception. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p>THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


Secretary


President

**Proceeds Payable On The Maturity Date Or
Upon Insured's Death If Earlier
Premiums Payable For Period Specified On The Schedule Or Until Prior Death
Participating**

GUIDE TO YOUR POLICY			
Schedule of Benefits	2	Policy Loans	5
Definitions	3	Owner and Beneficiary	6
Policy Summary	3	General Provisions	6-7
Premiums	4	Payment of Proceeds	7-8
Proceeds	4	Payment Options	8-9
Policy Values	5		

SCHEDULE OF BENEFITS AND PREMIUMS

POLICY NUMBER: [123456]

ISSUE DATE: [SEPTEMBER 1, 2009]

<u>Plan</u>	<u>Policy or Rider</u>	<u>Annual</u>	<u>Years</u>	<u>Maturity/</u>
	<u>Amount</u>	<u>Premium</u>	<u>Payable</u>	<u>Expiry Date</u>
Whole Life	\$10,000	290.70	85	9/1/2094

Premium Payable:	Annually	Semi-annually	Quarterly	Monthly	EFT Monthly
	[\$290.70]	[\$151.16]	[\$77.04]	[\$26.74]	[\$25.58]

Table of Guaranteed Policy Values

End of Policy Year	Cash or Loan Value	Paid-Up Insurance	Extended Term Insurance Years	Days
1	[0.00]	[0.00]	[0]	[0]
2	[0.00]	[0.00]	[0]	[0]
3	[26.90]	[169.40]	[2]	[30]
4	[107.60]	[649.80]	[7]	[72]
5	[191.80]	[1,110.70]	[11]	[5]
6	[279.30]	[1,551.20]	[13]	[319]
7	[370.10]	[1,971.60]	[15]	[355]
8	[464.30]	[2,372.90]	[17]	[236]
9	[561.80]	[2,755.40]	[18]	[359]
10	[662.50]	[3,119.40]	[20]	[14]
11	[766.60]	[3,466.20]	[20]	[327]
12	[874.00]	[3,796.20]	[21]	[220]
13	[985.20]	[4,111.80]	[22]	[70]
14	[1,100.30]	[4,413.40]	[22]	[241]
15	[1,219.20]	[4,701.10]	[23]	[4]
16	[1,342.10]	[4,976.20]	[23]	[96]
17	[1,468.40]	[5,237.50]	[23]	[159]
18	[1,598.10]	[5,486.00]	[23]	[196]
19	[1,731.00]	[5,722.10]	[23]	[209]
20	[1,866.90]	[5,946.00]	[23]	[202]

Policy Loan Interest Rate: [8.00]% Annually In Arrears

Guaranteed Basis Of Values and Paid-Up Insurance:

Mortality Table: 2001 CSO Age Last Birthday Unisex (50% Male / 50% Female)

Interest Rate: 5.0%

Method: 1980 Standard Nonforfeiture Law Minimum

Guaranteed Basis of Extended Term Insurance:

Mortality Table: 2001 CSO Age Last Birthday Unisex (50% Male / 50% Female)

Interest Rate: 5.0%

Insured: [John Doe]

Age: [35]

Beneficiary: As Stated In The Application Or Last Recorded Endorsement

Owner: [John Doe]

DEFINITIONS

Age	The Insured's age last birthday on the Issue Date as shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the Age on that birthday. Any other Age, like Age 65, means the Annual Date right after such Age last birthday.
Annual Date	The same date each succeeding year as the Issue Date of this policy.
Attained Age	The Age shown on the Schedule plus the number of Policy Years since the Issue Date.
Beneficiary	The person(s) or entity named in the Application or later changed by You to receive benefits at the Insured's death. The Beneficiary may be changed as explained in the policy.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this policy.
Issue Date	The date coverage is effective for this policy as shown on the Schedule.
Loans	Any amount owed Us as a result of Policy Loans, including accrued interest since the last Annual Date.
Maturity Date	The Maturity Date is shown on the Schedule.
Net Cash Value	The Cash Value defined on page 6, less Loans, plus any dividend credits.
Notice To Us	Written request or notice received at our Home Office in a form which meets Our needs.
Policy Year	The period between the Issue Date and the first Annual Date, or from one Annual Date to another.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Schedule	Any current policy Schedule, amended policy Schedule or endorsement sent to You by Us.
Starting Date	The date We approve the application for reinstatement of the policy.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Policy.

POLICY SUMMARY

Summary	This Summary briefly describes some of the major policy provisions. Since it does not go into detail, the actual provisions will control. See those provisions for full information and any limits that may apply. The Guide to Your Policy on page 1 shows where these provisions may be found.
Death Benefit	This is a whole life insurance policy. We will pay death benefit proceeds if the Insured dies while the policy is in force. "In force" means that the insurance has not terminated.
Payment of Premiums	Premiums are payable in advance during the lifetime of the Insured. We allow a 31-day grace period for payment of each premium after the first one. If a premium is not paid by the end of the grace period, the policy will lapse as of the due date of that premium. If this policy lapses, the insurance may terminate or it may continue in force for a limited amount or a limited term.
Rights of Owner	While the Insured is living, and subject to this policy, You have the right to: <ul style="list-style-type: none"> • Change this policy to another plan of insurance; • Make loans on this policy; • Adjust this policy to Reduced Paid-Up Insurance; • Adjust this policy to Extended Term Insurance; • Change the Owner; • Change the Beneficiary, except if named as being irrevocable; • Sell or give away any of Your rights; • Choose how proceeds will be paid; • Terminate this policy.

PREMIUMS

Where Payable	Premiums are payable at Our Home Office or to an authorized agent. A receipt signed by Our Secretary will be furnished upon request if an authorized agent receives a premium (excluding the initial premium).
Premium Due Dates	<p>The first premium is due on the Issue Date and is shown on the Schedule. It must be paid before any insurance starts. All premiums, if any, after the first premium are payable in advance.</p> <p>Premiums may be due monthly or every 3, 6 or 12 months after the Issue Date. The amount of such premium is shown on the Schedule. Premiums may be paid at other frequencies We permit. The payment of each premium will keep the policy in force until the next due date.</p>
Grace Period	A grace period of 31 days will be allowed for the payment of each premium after the first. The policy will continue in force during this period. If the Insured dies during the Grace Period, a premium for the period will be deducted from the death proceeds. If a premium is not paid by the end of the Grace Period, this policy will lapse as of the last premium due date. This is called the date of lapse. The "Lapse Options" will then apply.
Automatic Premium Loan	<p>This provision is automatic if elected in the application or by Notice To Us. It may be cancelled at any time by Notice To Us.</p> <p>If elected, a Loan will automatically be made to pay any premium due, but unpaid, at the end of its Grace Period. It is subject to these conditions:</p> <ul style="list-style-type: none"> • If premiums are payable each month, the frequency will be changed to each three months. • If the Net Cash Value is not large enough to pay the unpaid premium, a premium for a more frequent mode will be paid. • If there is not enough to pay the premium for a three-month frequency, a premium Loan will not be made and the "Lapse Options" will apply.
Reinstatement	<p>You may put this policy and attached riders back in force by Notice To Us if all the following occur:</p> <ul style="list-style-type: none"> • it was not surrendered for cash; • this notice is received within five (5) years from the end of the Grace Period; • each insured person gives Us Proof of insurability; • all overdue premiums are paid with interest at 6% per year to the date of Reinstatement; • Loans are repaid or reinstated. <p>The Starting Date of a reinstated policy will be the day We approve the application for Reinstatement. The right to contest provisions will apply from this Starting Date. Our right to contest the death benefit will end two (2) years after such Starting Date, if the Insured is then living. A reinstatement can only be contested based on information shown in the reinstatement application.</p>

PROCEEDS

Proceeds	<p>The proceeds are the amount We pay:</p> <ul style="list-style-type: none"> • on the surrender of this policy; • upon Proof of death of the Insured; • on the Maturity Date.
Surrender Proceeds	You may surrender this policy for its Net Cash Value at any time while the Insured is living.
Death Proceeds	<p>If the Insured dies prior to the date coverage ends We will pay:</p> <ul style="list-style-type: none"> • the Policy Amount shown on the Schedule; • PLUS the part of any premium paid for a month after the month of death; • PLUS any dividend credits; • PLUS interest on the death proceeds from the date of death at a rate We determine or such interest required by law; • MINUS loans. <p>We will pay to the beneficiary in a lump sum within thirty (30) days of receipt of Proof of death.</p>
Maturity Date Proceeds	If the Insured is alive on the Maturity Date we will pay the Net Cash Value to the Owner.

POLICY VALUES

Cash Value	<p>The Schedule shows the Cash Value of your policy at the end of Policy Years for which premiums have been paid. Any Cash Values not shown will be furnished on request. We will determine the Cash Value as of a date within a Policy Year with due allowance for time elapsed and, if applicable, premiums paid.</p> <p>The Cash Value within 60 days after the date of lapse will be the same as it was on that date. The Cash Value after 60 days from the date of lapse, while the policy is continued as Reduced Paid-Up or Extended Term Insurance, is the reserve for the policy based on the Insured's then current Age. The Cash Value of paid-up insurance within 31 days after an Annual Date will not be less than it was on that date.</p>
Basis of Values & Reserves	The basis of guaranteed cash value and reserves is shown on the Schedule. All of the values are the same or more than the minimums set by the laws of the State where the application was signed. We have filed a detailed statement about this with your State Insurance Department
Lapse Options	You have a number of options if the policy lapses. You may apply for Reinstatement. If there is a Net Cash Value, You may withdraw it and surrender the policy, or, You may continue insurance under one of the following options. Guaranteed values are shown on the Schedule.
Reduced Paid-Up Insurance	This is paid-up insurance for the amount that the Net Cash Value will buy on the date of lapse. The amount determined may not exceed the Policy Amount plus the amount of any paid-up additions plus any accumulated dividends. Any Net Cash Value that remains will be treated as a dividend accumulation. This option does not participate in dividends.
Extended Term Insurance	This is term insurance for an amount equal to the Policy Amount plus any paid-up additions and dividend accumulations, minus any Loans. The term insurance will begin on the date of lapse and continue for as long a period as the Net Cash Value will buy on the date of lapse. This option does not participate in dividends.
Which Option Applies	<p>Extended Term Insurance is the automatic option if Reduced Paid-Up is not put into effect within 60 days after the date of lapse. Reduced Paid-Up insurance will apply if:</p> <ul style="list-style-type: none"> • requested by Notice To Us within 60 days after the date of lapse; or • this policy is other than a standard rating class, or; • the amount of Paid-Up Insurance is equal to the amount of Extended Term Insurance that could be provided.
Riders Not Included	Riders attached to this policy will stop as of the date of lapse and the lapse options will not apply, unless otherwise stated in such rider.
Policy Rights After Lapse	While this policy is in force as Extended Term or Reduced Paid-Up Insurance, all policy rights apply, unless the policy states otherwise.

POLICY LOANS

Policy Loans	You may obtain a Loan from Us while the Policy is in force, other than as Extended Term Insurance. The Policy is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months except when made to pay premiums.
Loan Interest	The interest rate on Loans is 8% per year. Interest is due in arrears on the Policy Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
Loan Repayment	All or any part of the Loan (but not less than \$25) may be repaid while this policy is in force other than as Extended Term Insurance. The Net Cash Value is increased by 100% of each repayment. Unpaid Loans will be deducted from any settlement of Your policy.
Maximum Loan Value	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"> • the Cash Value; • PLUS any dividend credits; • MINUS one year of loan interest; • MINUS any existing loans including any accrued loan interest. <p>We will terminate the Policy if the Net Cash Value is reduced to zero. We will mail a written notice of termination to You and any assignee shown in Our records at their last known address. The Policy will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

OWNER AND BENEFICIARY

Ownership Rights	This policy belongs to You, the Owner shown on Our records. You have all the rights in this policy while the Insured is living. If there is more than one Owner at a given time, all must exercise the rights of ownership by joint action. If the Owner should die, and is not the Insured, his interest will go to his estate unless the Owner has named a contingent Owner.
Beneficiary	You may designate or change one or more direct Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Change of Owner or Beneficiary provision. When the Insured dies, We will pay the proceeds to the direct Beneficiary. If no direct Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice To Us while the Insured is living.
Changing the Owner or Beneficiary	You may change an Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice To Us). A change of Owner will not, of itself, change the Beneficiary. The change will be subject to any assignment of this policy or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice To Us. It will not apply to any payments made by Us or action taken by Us before Notice To Us.
Right to Sell or Give Away	You may sell or give away any of Your rights in this policy unless You state otherwise in writing. The person receiving such rights is called an assignee. We will be bound only after You give Notice To Us, and it will not apply to any payment We made before Notice To Us.

GENERAL PROVISIONS

Contract	We issue this policy in return for the application and the payment of the first premium. This policy, any attached riders and endorsements and the attached copy of the application make up the whole contract. A change in this contract can only be made with Your consent and an endorsement or rider to this policy signed by Our President or Secretary. No agent is authorized to alter or waive any provision of this contract. We rely on all statements made by or for an Insured in an application. Legally, these statements are representations and not warranties. Only statements in an application will be used to defend a claim.
Conformity with Statutes	If any provision in this policy is in conflict with the laws of the state which govern this policy, the provision will be deemed to be amended to conform with such laws.
Payments by Us and Right to Defer Payment	<p>All payments to be made by Us will be made from Our Home Office.</p> <p>We have the right to wait up to six (6) months after Notice To Us before We:</p> <ul style="list-style-type: none"> • pay surrender proceeds; • make a policy loan, unless it is used to pay premiums on Our policies. <p>If We wait more than thirty (30) days to pay surrender proceeds, interest at the guaranteed rate, or such other rate as may be required by applicable state law if such a rate is greater, will be added for the time We waited.</p>
Right to Contest	Our right to contest the death benefit will end two (2) years after the Issue Date (or the Starting Date of Your reinstated policy), if the Insured is then living. We may contest the death benefit at any time for non-payment of premiums.
Suicide	If the Insured commits suicide within two (2) years (one (1) year in Colorado, Missouri or North Dakota) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.
Error in Age	If the Age of the Insured is stated wrong, the proceeds will be adjusted. We will adjust the proceeds to those that the premium would have purchased for the correct Age.

GENERAL PROVISIONS (Continued)

Termination	<p>All coverage under this policy will end on the earliest of the following events:</p> <ul style="list-style-type: none"> • the Insured dies; • the policy is surrendered for cash; • the policy expires under Extended Term Insurance; • Loans are equal to or greater than the Net Cash Value. If this happens, the policy will end 31 days after We mail written notice to the last known address of You and any assignee. <p>We may require return of this policy.</p>
Dividends	<p>As long as this policy is in force other than as Extended Term Insurance or Reduced Paid-Up insurance, You will receive the dividends We declare, if any, annually.</p> <p>You have these options:</p> <ol style="list-style-type: none"> 1. take the dividends in cash; 2. use the dividends to reduce the premium. If the balance of a premium is not paid, the option will change to option 3; 3. leave the dividends with Us to accumulate at Our current rate of interest as declared by Us from time to time; 4. use the dividends to buy paid-up dividend additions. The maximum cost basis for purchase of Paid-Up Additions is the net single premium using the guaranteed values shown on the Schedule. <p>You may choose any option or change options by Notice To Us. If no option is chosen, option 4 will be used.</p> <p>As used in this policy, “dividend credits” means the sum of dividend accumulations, the cash value of Paid-Up Additions, and any dividend not yet applied under an option. The cash value of Paid-Up Additions is their net single premium based upon the mortality table and interest rate shown on the Schedule for the Policy Cash Values.</p> <p>You may withdraw dividend credits at any time, unless they are required as security for a loan. Dividend credits not withdrawn will increase the Net Cash Value.</p>
Change of Plan	<p>You may change this policy to another plan of insurance designated by Us, if available, or add additional benefit riders, if available, or make other changes subject to Our rules at the time of change.</p>
Your Right to Vote	<p>This is a Mutual company. You may vote at the annual election of directors if You have one or more of Our policies in force. The annual election is held at Our Home Office in Madison, Wisconsin, on the fourth (4th) Friday in April. Polls open at 8 a.m. and close at 10 a.m.</p>

PAYMENT OF PROCEEDS

Options	<p>You may choose to have proceeds applied under one or more of the options which follow. If no option is in effect, the proceeds will be paid in cash in one sum. If You do not make this choice before the Insured dies, the Beneficiary will then have this right. The person to receive payments is called a payee. The payee may name or change a contingent payee to receive any amounts still due at the payee’s death.</p> <p>Option 1 Payments for a Fixed Period. Equal Payments for the number of years elected.</p> <p>Option 2 Life Income. Equal payments for any certain period You and We agree to, and for so long thereafter as the payee lives.</p> <p>Option 3 Payments of a Fixed Amount. Equal payments until the proceeds plus interest are exhausted.</p> <p>Option 4 Retained at Interest. We will hold the amount left with Us for an agreed period and pay interest on that amount. The proceeds may be transferred to any other option after such agreed period.</p> <p>Option 5 Current Life Income Option. The proceeds may be applied to provide any form of Single Premium Immediate Annuity We issue when the proceeds become payable. If more liberal, this replaces Option 2.</p> <p>The options will not be available:</p> <ul style="list-style-type: none"> • to any assignee; • to a payee who is not a natural person (such as a corporation); • if the proceeds are less than \$5,000 or if any payment would be less than \$50.
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PAYMENT OF PROCEEDS (Continued)	
Unpaid Proceeds at Payee's Death	At the death of the payee, We will pay the contingent payee, if any, otherwise the estate of the payee. The amount We pay will be: <ul style="list-style-type: none"> • Under Options 1, 2 and 5: the value of any remaining payments certain discounted at the guaranteed interest rate. • Under Options 3 and 4: any unpaid proceeds with interest at not less than the guaranteed rate.
Guaranteed Interest Rate	Options 1, 2, 3 and 4 are computed on a guaranteed interest rate of 2.5% per year, compounded yearly. We may use a higher interest rate at Our option. Option 5 is computed at the rate in effect when the proceeds are applied to this option.
Identity of Payee	We may determine the existence, identity, Ages or other facts about any payee solely on affidavit or other written proof. In such case, any payment made by Us will, to the extent of such payment, be a valid discharge of Our obligation.
Payments	Payments will be made monthly unless: <ul style="list-style-type: none"> • You elect otherwise; or • a less frequent payment is needed to exceed Our minimum payment. <p>Payments under Options 1, 2, 3 and 5 will start on the date the proceeds are applied to the option. Interest payments under Option 4 will start at the end of the period selected.</p> <p>The amount of monthly payment under Options 2 and 5 will be determined by the Age and sex of the payee on the date the proceeds are applied to this option.</p>
Request for Information	On request, We will give information on the amount of payments under any option

OPTION 1, INSTALLMENTS FOR FIXED PERIODS					
Guaranteed Basis: 2.5%					
Monthly Installment Payment for Each \$1,000 Retained by Us					
Number of Years Specified	Amount of Each Monthly Installment	Number of Years Specified	Amount of Each Monthly Installment	Number of Years Specified	Amount of Each Monthly Installment
1	\$84.28	11	\$8.64	21	\$5.08
2	42.66	12	8.02	22	4.90
3	28.79	13	7.49	23	4.74
4	21.86	14	7.03	24	4.60
5	17.70	15	6.64	25	4.46
6	14.93	16	6.30	26	4.34
7	12.95	17	6.00	27	4.22
8	11.47	18	5.73	28	4.12
9	10.32	19	5.49	29	4.02
10	9.39	20	5.27	30	3.93

To determine the amount for quarterly payment, multiply the monthly installment by 2.99; for semiannual by 5.97; and for annual by 11.87.

**OPTION 2, LIFE INCOME —10 YEARS CERTAIN
MINIMUM — GUARANTEED**
Amount of Monthly Payment for Each \$1,000 Retained by Us

Age of Payee Last Birthday At Date of First Payment	No Guaranteed Period	10 Years Guaranteed	Age of Payee Last Birthday At Date of First Payment	No Guaranteed Period	10 Years Guaranteed
50	\$4.80	\$4.73	65	\$7.03	\$6.48
51	4.90	4.81	66	7.26	6.63
52	5.00	4.90	67	7.50	6.79
53	5.11	5.00	68	7.76	6.95
54	5.22	5.10	69	8.04	7.11
55	5.34	5.20	70	8.33	7.27
56	5.47	5.31	71	8.65	7.43
57	5.60	5.42	72	8.99	7.60
58	5.74	5.53	73	9.35	7.76
59	5.89	5.66	74	9.75	7.93
60	6.06	5.78			
61	6.23	5.91			
62	6.41	6.05			
63	6.60	6.19			
64	6.81	6.33			

WHOLE LIFE POLICY
Proceeds Payable On the Maturity Date Or
Upon Insured's Death If Earlier
Premiums Payable for Period Specified On The Schedule Or Until Prior Death
Participating

National Guardian Life Insurance Company
Two East Gilman Street - PO Box 1191
Madison, WI 53701-1191

Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.

<i>SERFF Tracking Number:</i>	<i>NGLI-125922300</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41003</i>
<i>Company Tracking Number:</i>	<i>NWLF2009</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>NWLF2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-125922300 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41003
Company Tracking Number: NWLF2009
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: NWLF2009
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

11/26/2008

Comments:

Attachments:

AR - Life Certification 12.3.08.pdf
AR - Required Certification 2 - Title 19.pdf
AR COC 12.03.2008.pdf

Review Status:

Satisfied -Name: Application

11/26/2008

Comments:

Previously approved application and approval letter are attached.

Attachments:

2540 10-99.pdf
AR Approval 2540.pdf



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

December 3, 2008

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark C. Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify that, to the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

December 3, 2008

Signature

Date

Mark C. Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Form Filing Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



CERTIFICATION OF COMPLIANCE

I, Mark C. Neidinger, an officer of *National Guardian Life Insurance Company* hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing complies with all applicable provisions of the **ARKANSAS** statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. These form(s) do not contain any inconsistent, ambiguous, or misleading clauses;
3. These form(s) do not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
4. The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the attached form(s) or in an attachment; and
5. The attached form(s) are in final printed format or typed facsimile and will be offered for issuance or delivery in **ARKANSAS** after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.

CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of the *National Guardian Life Insurance Company*, certify that the Flesch scores for the submitted forms are listed below:

<u>Forms</u>	<u>Flesch Scores</u>
NWLF2009	56.5

December 3, 2008

Signature

Date

Mark C. Neidinger

Associate General Counsel and Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kbolinder@nglic.com



Policy Number _____

NATIONAL GUARDIAN LIFE INSURANCE COMPANYApplication for: ☐ Conversion ☐ GIR ☐ Term Re-Entry ☐ Policy Changes**A. PRIMARY INSURED**

1. Name _____ Sex _____ SS# _____ Ht _____ Wt _____
2. Address _____ City _____ State _____ Zip _____
3. Phone: Home (_____) _____ Work (_____) _____
Best Time to Contact _____ E-mail Address _____
4. D.L.# _____ DOB _____ Age _____ State of Birth _____ Marital Status _____
5. Employer's Name and Address _____
6. Occupation and Duties _____ Income \$ _____

Complete if applying or increasing: ☐ Optional Insured or Term Rider ☐ Child's Term Rider ☐ Payor other than Owner or Insured

7. Name _____ Sex _____ SS# _____ Ht _____ Wt _____
8. Address _____ City _____ State _____ Zip _____
9. Phone: Home (_____) _____ Work (_____) _____ Best Time to Contact _____
10. D.L.# _____ DOB _____ Age _____ State of Birth _____ Marital Status _____
11. Employer's Name and Address _____
12. Occupation and Duties _____ Income \$ _____

Children under age 25:

13.

Name	Sex	DOB	State of Birth	SS#	Ht.	Wt.

B. OWNER (If other than Insured)

14. Name _____ Sex _____ Relationship to Insured _____
15. Address _____ City _____ State _____ Zip _____
16. Phone: Home (_____) _____ Work (_____) _____ Best Time to Contact _____
17. DOB _____ Age _____ SS# _____
18. Successor Owner: ☐ Insured ☐ Other _____ SS# _____

C. BENEFICIARY

19. Name _____ Sex _____ Relationship to Insured _____
20. DOB _____ Age _____ SS# _____
21. Name _____ Sex _____ Relationship to Insured _____
22. DOB _____ Age _____ SS# _____

APPROVED

FEB 3 2000

INSURANCE COMMISSIONER
STATE OF ARKANSAS*****ATTENTION*****

Questions 23 & 24 must be completed for the Proposed (Primary/Additional) Insured.

23. **REPLACEMENT:** Will the insurance applied for replace or change any life insurance or annuity now in force or recently terminated (last six months) with this or any other company? ☐ Yes ☐ No
(AGENT - If "Yes", attach completed Replacement Forms and if a 1035 Exchange is intended, also complete Absolute Assignment.)
24. **INSURANCE IN FORCE OR PENDING:** Do you have life and/or accident insurance pending or in force with this or any other company? (If "Yes", list below) ☐ Yes ☐ No

Company	Life Amount	Accidental Death	Year Issued
	\$	\$	

D. NON-MEDICAL INFORMATION

25. **HAS ANY PROPOSED INSURED:** Yes No
- a. Ever used any tobacco or nicotine product, including gum or a patch? ☐ ☐
 Primary Insured ☐ ☐
 Type of Product _____
 Date Last Used _____
 Amount/Day _____
 Spouse ☐ ☐
 Type of Product _____
 Date Last Used _____
 Amount/Day _____
- b. Been declined, postponed, rated, or offered a policy other than applied for? ☐ ☐
- c. Requested or received benefits or payment because of an injury, sickness or disability? ☐ ☐
- d. Applied for life, health, or disability income insurance with this or any other company either currently or within the last year? ☐ ☐
- e. Flown or intend to fly as a pilot or crew member of any aircraft, or participated or intend to participate in any hazardous sports, avocations or hobbies such as racing, scuba or skydiving? (If "yes", complete aviation/or avocation questionnaire) ☐ ☐
- f. Had their driver's license suspended or revoked, had an "at fault" accident or been convicted of a moving violation or of operating while impaired or intoxicated within the past five years? ☐ ☐
- g. Ever been convicted of a felony or currently on probation? ☐ ☐
- h. Any intention of traveling extensively or residing outside the U.S. or Canada? ☐ ☐

26. **CURRENTLY:**

- a. Does any proposed insured now consume alcoholic beverages? ☐ ☐
 Type _____
 Frequency _____
 Amount _____
- b. Are all proposed insureds United States citizens who have resided in the United States for the past three years? (If not, please explain below) ☐ ☐
- c. Is any proposed insured in the military service? (If "yes", please give branch and rank below) ☐ ☐

27. **FAMILY HISTORY**

Has anyone in your family ever developed heart disease, diabetes, cancer, stroke or mental illness? If "yes", at what age ☐ ☐

E. MEDICAL**(Circle Applicable Conditions)**

32. **HAS ANY PROPOSED INSURED EVER HAD, BEEN TOLD THEY HAVE, OR BEEN TREATED FOR:** Yes No
- a. Rheumatic fever, high blood pressure, chest pain, any cardiovascular condition or stroke? ☐ ☐
- b. Lung or respiratory condition? ☐ ☐
- c. Liver, kidney, bladder, prostate, genito-urinary or gastro-intestinal disorder? ☐ ☐
- d. Diabetes, thyroid or other endocrine disorder? ☐ ☐
- e. Cancer, tumor, cyst, any disorder of the lymph glands or any blood disorder? ☐ ☐
- f. Arthritis or any disorder of the muscles, bones, joints or glands? ☐ ☐
33. **HAS ANY PROPOSED INSURED:**
- a. Used alcohol or drugs habitually or to excess? ☐ ☐
- b. Been told to discontinue such use, received or been advised to receive treatment or counseling for alcohol or other drug use? ☐ ☐
- c. Been a member of any self-help group such as Alcoholics or Narcotics Anonymous? ☐ ☐
- d. Had an unexplained or unintentional weight loss or gain of more than 10lbs. in the past year? ☐ ☐
- e. Had any complications of pregnancy or are currently pregnant? ☐ ☐
 Expected date of delivery _____
34. **OTHER THAN THE ABOVE, HAS ANY PROPOSED INSURED IN THE PAST FIVE YEARS:**
- a. Consulted any physician or been hospitalized for any reason not previously explained? ☐ ☐
- b. Received treatment or taken medication, had surgery or currently scheduled to receive treatment, take medication or have surgery? ☐ ☐
- c. Had an electrocardiogram, x-ray, blood study, urinalysis or other diagnostic study? ☐ ☐
 (Do not report any AIDS or HIV testing here)
35. **HAS ANY PROPOSED INSURED:**
- Been given, by a member of the medical profession, a diagnosis of or treatment for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) or had an FDA-licensed test that is positive for the presence of an HIV antigen? ☐ ☐
- Do not include any test results from an anonymous testing and counseling site nor the results of a home test kit.**
36. **DOES ANY PROPOSED INSURED:**
- Have any mental, emotional or physical impairment or disease not already described in this application? ☐ ☐

If any of the above questions are answered "Yes," give complete details, including name and address of physician, date and results (If additional space is needed, please utilize a plain sheet of paper): _____

F. IF POLICY CHANGE - COMPLETE FOLLOWING

33. Plan/Riders: _____
- | | Current Amount | Proposed Amount |
|-------|----------------|-----------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
34. Conversion/GIR Instructions: _____
- Select Option (UL Only) ☐ A ☐ B
35. If Partial Conversion: _____ ☐ Cancel remaining coverage ☐ Reduce existing coverage
36. Term Re-entry Amount \$ _____
37. Change in Planned Periodic Premium and/or Premium Mode:
- ☐ Increase annual premium to: \$ _____
- ☐ Decrease annual premium to: \$ _____
38. Change in death benefit (UL only): ☐ Change to Option A (Level) - Specified amount will be increased by Cash Value on date of change.
- ☐ Change to Option B (Increasing) - Specified amount will be decreased by Cash Value on date of change.
39. Dividend Option (Traditional only): ☐ Paid-up Additions (Not available if rated) ☐ Accumulate at Interest (W-9 Required)
- ☐ Reduce Premium (Annual Mode only) ☐ Cash
40. Nonforfeiture Option: ☐ APL ☐ Reduced Paid-up ☐ Extended Term (Not available if rated)
41. Premium Mode: ☐ ANN ☐ SA ☐ QTR ☐ PAC ☐ PAYROLL DED ☐ GOVT ALLOT ☐ SINGLE PREM ☐ OTHER
- Premium Paid \$ _____ Unscheduled Premium \$ _____ (Checks payable to National Guardian Life)
- Other Premium Instructions _____

G. OTHER INSTRUCTIONS**Pre-Authorized Check Plan (PAC) - (Attach Voided Check)**_____
(Full Name of Bank)_____
(Print Street, City, State & Zip)_____
(Print Name of Depositor as it appears on Bank Records)

I hereby request and authorize you to draw on my checking account, maintained at the above named bank, the payment to National Guardian Life Insurance Company (NGL) of subsequent monthly payments on the policy(ies). It is agreed that:

1. If a check or electronic debit should be returned unpaid, NGL has the right to revoke this method of payment.
2. The cancelled check or electronic bank debit memorandum will be proof of payment.
3. The Company or I can discontinue this method of payment with proper notice.
4. This method of payment will not change any of the provisions of my NGL policy(ies).
5. If the policy(ies) has no cash value and premium payments are not current, the first draft may be for an amount that will bring premiums current.

(Date)_____
(Bank Signature of Depositor)_____
(Social Security Number)**Select One Draw Option:**

- ☐ Before the 15th of the month
- ☐ On or after the 15th of the month

MUST COMPLETE

- ☐ Checking Account, or
- ☐ Savings Account

All policies affected:

AGREEMENT

It is represented that the statements and answers in this application are true and complete to the best of my knowledge and belief. I certify that the Social Security Numbers provided on this form are true, correct and complete. It is agreed that:

- All statements and answers in this application, will form the basis of any contract of insurance that may be issued.
- National Guardian Life reserves the right to require a medical examination of the Proposed Insured(s), which may form part of the application.
- Acceptance of any policy issued on this application will constitute a ratification of corrections, additions or changes made by National Guardian Life in states that permit it. Any change in amount, plan of insurance, age at issue, classifications or benefits will be subject to written acceptance by me.
- Any benefit(s) applied for shall not be effective until such insurance is issued by National Guardian Life and delivered to me while I am in the same health as disclosed in this application.
- Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.
- No agent may waive policy provisions, make, alter or discharge contracts, extend the time for payment of premiums, waive a complete answer to any question in the application or make any determination of your insurability.
- A reinstatement resulting from this application shall be contestable as to the statements made in it for a period of 2 years from the date of reinstatement.

It is also agreed, except as otherwise provided in the Temporary Insurance Agreement issued bearing the date of this application, that no liability exists unless all the following are true.

- The first full premium on the mode of payment selected is to be paid to National Guardian Life.
- The policy is issued and delivered to the Owner during the lifetime of the person(s) to be insured.
- There is no material change in the statements or answers to any questions on this application for any person(s) to be insured at the time of delivery.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or reinsuring company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, or that of my family, to provide such information to National Guardian Life or its reinsurers. In addition, I authorize the Medical Information Bureau to release to National Guardian Life, or its reinsurers, any personal information that is on file and related to me or my family. I agree that National Guardian Life may release such information to its reinsurers, other insurance companies or the Medical Information Bureau. This authorization shall be valid for 30 months from the date below. A copy of this authorization shall be as valid as the original. I also agree that I have received and read the Notice of Disclosure of Information and Notice to Applicant required by the Fair Credit Reporting Act and the Medical Information Bureau.

Signed at (City, State)

Date

Signature of Proposed Insured (15 or older)

Parent/Guardian's Signature for minor children

Signature of Optional Insured

Agent's Signature

Owner's Signature, if other than Proposed Insured

Print Agent's Name

Agent Number

Other Insured's Signature (children 15 or older)



NATIONAL GUARDIAN®
Life Insurance Company

A Member of the National Guardian Life Insurance Group



January 31, 2000

NAIC #000 66583
FEIN #39-0493780

APPROVED

FEB 3 2000

RECEIVED

Director, Life & Health Division
State of Arkansas
Department of Insurance
1200 West Third
Little Rock, AR 72201-1904

INSURANCE COMMISSIONER
STATE OF ARKANSAS

FEB 03 2000

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Re: **Forms submitted for Approval**

These application forms will be used by our agents and brokers on a general use basis for new and existing policyholders. These forms were approved by the state of Wisconsin, on November 1, 1999. We are asking for expedited review of this filing.

Enclosed you will find the following:

1. **Self-addressed stamped envelope** (1)
2. **Application for Life Insurance form #2532 10/99** (2)
3. **Application for policy change #2540 10/99** (2)
4. **Application for Future Purchase Option #2535 10/99** (2)
5. **Temporary Insurance Agreement TIA 10/99** (2)
6. **Agent's Report 2541 10/99** (2)
7. **Certificate of Compliance** (2)
8. **Certificate of Readability** (2)
9. **Check in the amount of \$100.00**

To the best of my knowledge and belief, the above form complies with all statutes, regulations and requirements of your department.

If you have any questions, you can call me at 257-5612 extension 5246 or you can fax me at (608)257-4282.

Sincerely,

Dawn Parker
Legal/Compliance Assistant

Enclosures

S:\COMPLNCE\FORMFILE\ARKANSAS\NEWAPP.WPD